



WISCONSIN REGULATORY DIGEST

Volume 12, No. 2 A Publication of the PHARMACY EXAMINING BOARD November, 2000

Interpretation of Phar 15.11 (1) and (3) Sterile Pharmaceuticals

Chapter 15 of the Administrative Codes relating to Pharmacy became effective April 1, 2000. This chapter applies to any pharmacy that compounds sterile pharmaceuticals. One area of clarification the Board was asked to address was the interpretation of Phar 15.11(1) as it refers to “appropriate samples of finished products shall be *examined*” and Phar 15.11(3) as it refers to “written procedures requiring sampling for microbial contamination...”

Phar 15.11(1) uses the term “examined” which allows the pharmacy’s quality assurance control program to define what procedure will adequately meet the requirement “that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting specifications.”

THE WISCONSIN PHARMACY EXAMINING BOARD

Members of the Board:

John P. Bohlman, R.Ph., Chair (Boscobel)
Susan L. Sutter, R.Ph., Vice-Chair(Horicon)
Georgina Forbes, Secretary (Madison)
Cynthia Benning, R.Ph., (Belgium)
Michael J. Bettiga, R.Ph., (Green Bay)
Daniel Luce, R.Ph., (Nashotah)
Charlotte Rasmussen, (Ringle)

Administrative Staff:

Patrick D. Braatz, Division Administrator

Executive Staff:

Marlene A. Cummings, Secretary
William Conway, Deputy Secretary
Myra Shelton, Executive Assistant

Phar 15.11(3) requires “written procedures...” whose purpose is to assure consistent uncontaminated sterile products are prepared. Thus, these procedures must delineate when and under what conditions or circumstances “sampling for microbial contamination through a validation procedure...” should be done. It is the opinion of the Board that sampling is not routinely required unless the conditions or circumstances defined in the pharmacy’s written procedures require it.

Office Supply of Prescription Drugs

It is not uncommon for pharmacists to be asked by prescribers to supply prescription drugs for use in their practice for the purpose of general dispensing or administration to patients. Pharmacists are reminded it is a violation of Phar 8.04(2) to accept a prescription order for a controlled substance to be used for office supply. The correct action is to record the sale of any prescription drugs with your invoice

Contents

Interpretation Of Phar 15.11	1
Board Member Roster	1
Office Supply of Prescription Drugs	1
Internet Prescribing.....	2
Continuing Education	2
Pharmacy Technician Survey	2
Automated Dispensing Systems	2
Administrative Warnings.....	3
Beyond-Use-Dating.....	3
Schedule II Prescriptions	3
On-Line Query of Application Status	3
Did You Know... ..	3
1999 Wisconsin Act 176.....	4
Disciplines	6
Telephone Directory	8
Miscellaneous	9

records that are retrievable, if requested. As stated in Phar 13.02(11)f, distribution of prescription drugs to practitioners may not exceed a 5% limit. If it does, then a distributor's license is required and all of the requirements of Phar 13 must be met.

Internet Prescribing

There is widespread concern among state and federal regulators about websites that provide on-line questionnaires for customers to fill out in order to receive prescription drugs, particularly drugs like Viagra, Propecia, and Xenical. A number of medical boards and courts in other states have found that a legitimate physician-patient relationship is not formed by such a questionnaire review, or that such physician prescribing is otherwise inappropriate. The Medical Examining Board has disciplined a Wisconsin physician in one such case. Pharmacists are encouraged to use caution if invited to participate in such a business, as knowingly filling a prescription not issued in legitimate practice may violate State Statute 450.10(1)(a)6, Phar 10.03(2), or other state or federal laws or rules.

Continuing Education

Phar 16.02(1) required pharmacists to complete 30 hours of continuing education approved by the Board to renew their license by May 31, 2000. Phar 16.05 requires evidence of compliance with this requirement be retained by the licensee for 3 years following the renewal date that the 30 hours were required for renewal of the license, i.e. the evidence of compliance for May 31, 2000 must be retained until May 31, 2003. The Board may require any pharmacist to submit evidence of compliance with the continuing education requirement at any time. The 30 hours of acceptable continuing education must be completed within the 2-year period immediately preceding the date of the renewal application. Thus, all continuing education that is acceptable for the license renewal date of May 31, 2002 must be completed after May 31, 2000 and before June 1, 2002.

Pharmacy Technician Survey

NABP (National Association of Boards of Pharmacy) recently conducted a survey to assist their Task Force on Standardization of Technicians' Role and Competencies. Wisconsin pharmacists were one of the two states questioned. The following is some of the results from the Wisconsin pharmacists surveyed (26% independent, 41% chain, 23% hospital, long-term care, other):

20% require their technicians to complete a formalized training program

5% require their technicians be certified

53% feel they can effectively supervise two technicians

27% feel they can effectively supervise three technicians

Less than 10% feel they can effectively supervise three technicians

If their pharmacy utilized more technicians:

46% agreed or strongly agreed prescription errors would be reduced

70% agreed or strongly agreed DUR activities would be performed more effectively

80% agreed or strongly agreed patient counseling would be performed more effectively

The Wisconsin Pharmacy Examining Board is continuing its work on a revision of Phar 7 that would clearly define a pharmacy technician and their function in Wisconsin's Administrative Codes.

Automated Dispensing Systems

Phar 7.09 has been written to establish minimum requirements for pharmacies and inpatient health care facilities that use automated systems to store, package and dispense medications. These rules are in their final steps of being adopted and will be published at a later date. All systems currently in operation will be required to comply with these rules. Automated dispensing systems are covered by these rules but not automation that facilitate the practice of tele-pharmacy. Because the new technology used in tele-pharmacy concepts assumes the pharmacist's activities and the transfer of the prescription happen in two different physically distinct locations (i.e. a pharmacist in a pharmacy and the prescription dispensed and transferred and a patient counseled in a remote clinic) a separate set of rules is being considered.

Administrative Warnings

Examining Boards are authorized to issue an administrative warning to close an investigation if a regulatory authority determines that no further action is warranted because the complaint involves a first occurrence of a minor violation and the warning adequately protects the public. An administrative warning puts the professional on notice that if the misconduct is repeated, the incident that was the basis for the warning can be used to prove that the person warned knew the conduct was prohibited. A warning is not discipline and may be issued without a formal complaint or a hearing. The contents of the warning remain private and confidential. The following are examples of when the Pharmacy

Examining Board has issued an administrative warning to a pharmacist.

1. Patient received another patient's prescription that had a similar first and last name that was apparently due to the inadequate consultation by the pharmacist.
2. Pharmacist provided false information to an investigator of the Pharmacy Examining Board.
3. Pharmacist substituted a generic form of a drug that was not AB rated and did not have the prescriber's authorization to do so.
4. Pharmacist dispensed an expired drug product to a patient.
5. Pharmacist dispensed the wrong strength of a drug to a patient.
6. Pharmacist was missing required information in the Schedule V register.
7. Pharmacist dispensed a prescription with incorrect directions for use on the label.

Beyond-Use Dating

The United States Pharmacopoeia (USP) recently updated its recommendation for beyond-use dating requirements for nonsterile solid and liquid dosage forms packaged in single-unit and unit-dose containers in Supplement 1 of USP24-NF 19 (January 2000). The new recommendation for beyond-use dating for these products will be one year or less, unless stability data or the manufacturer's label indicates otherwise. USP's previous requirement was six months or twenty-five percent of the remaining time provided by the manufacturer's label, whichever was less.

Schedule II Prescriptions

Phar 8.05 (4) states that "No prescription containing a controlled substance listed in schedule II shall be dispensed unless the order is presented for dispensing within 7 days following the date of its issue. A prescription for a controlled substance listed in schedule II may not be dispensed more than 60 days after the date of issue on the prescription order." The practitioner must date the prescription on the date of issue. If the practitioner wants to designate a later date for the actual dispensing, he or she is to add language such as "dispense on or about....." **The practitioner is not to future date the prescription.** Under no circumstances can a Schedule II prescription be honored after 60 days.

On-Line Query Of Application Status

The status of a pending application for a pharmacist or pharmacy license can now be checked on the web

at <http://dr1chq.state.wi.us/application>. If the applicant has allowed 14 days for information to be processed by the department, then call (608) 266-2811 and press 2 if there are further questions.

Did You Know.....

Marinol (dronabinol) was rescheduled by the Controlled Substances Board from Schedule II to Schedule III in Wisconsin effective August 1, 2000. Federally, Marinol had already been moved to Schedule III.

Phar 7.05(3)(a)(1) states that a transfer of a prescription order must be "communicated directly between 2 pharmacists". That transfer can be done orally or by fax as long as all required information from 7.05 (3)(a) and (b) are recorded.

1999 WISCONSIN ACT 176

Whistleblower Law

AN ACT *to amend* 111.322 (2m) (a) and 111.322 (2m) (b); and *to create* 106.06 (6), 146.997 and 230.45 (1) (L) of the statutes; **relating to:** disciplinary action against an employee of a health care facility or a health care provider who reports a violation of the law or a violation of a clinical or ethical standard by the health care facility or health care provider or by an employee of the health care facility or health care provider and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 106.06 (6) of the statutes is created to read:

106.06 (6) The division shall receive complaints under s. 146.997 (4) (a) of disciplinary action taken in violation of s. 146.997 (3) and shall process the complaints in the same manner that employment discrimination complaints are processed under s. 111.39.

SECTION 2. 111.322 (2m) (a) of the statutes is amended to read:

111.322 (2m) (a) The individual files a complaint or attempts to enforce any right under s. 103.02, 103.10, 103.13, 103.28, 103.32, 103.455, 103.50, 104.12, 109.03, 109.07 or, 109.075 or 146.997 or ss. 101.58 to 101.599 or 103.64 to 103.82.

SECTION 3. 111.322 (2m) (b) of the statutes is amended to read: **111.322 (2m)** (b) The individual testifies or assists in any action or proceeding held under or to enforce any right under s. 103.02, 103.10, 103.13, 103.28, 103.32, 103.455, 103.50,

104.12, 109.03, 109.07 or, 109.075 or 146.997 or ss. 101.58 to 101.599 or 103.64 to 103.82.

SECTION 4. 146.997 of the statutes is created to read:

146.997 Health care worker protection. (1) DEFINITIONS. In this section:

(a) “Department” means the department of workforce development.

(b) “Disciplinary action” has the meaning given in s. 230.80 (2).

(c) “Health care facility” means a facility, as defined in s. 647.01 (4), or any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, tuberculosis sanatorium or other place licensed or approved by the department of health and family services under s. 49.70, 49.71, 49.72, 50.03, 50.35, 51.08, 51.09, 58.06, 252.073 or 252.076 or a facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

(d) “Health care provider” means any of the following:

1. A nurse licensed under ch. 441.
2. A chiropractor licensed under ch. 446.
3. A dentist licensed under ch. 447.
4. A physician, podiatrist or physical therapist licensed under ch. 448.
5. An occupational therapist, occupational therapy assistant, physician assistant or respiratory care practitioner certified under ch. 448.
6. A dietician certified under subch. V of ch. 448.
7. An optometrist licensed under ch. 449.
8. A pharmacist licensed under ch. 450.
9. An acupuncturist certified under ch. 451.
10. A psychologist licensed under ch. 455.
11. A social worker, marriage and family therapist or professional counselor certified under ch. 457.
12. A speech-language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of public instruction.
13. A massage therapist or bodyworker issued a license of registration under subch. XI of ch. 440.
14. An emergency medical technician licensed under s. 146.50 (5) or a first responder.
15. A partnership of any providers specified under subds. 1. to 14.
16. A corporation or limited liability company of any providers specified under subds. 1. to 14. that provides health care services.
17. An operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility.
18. A hospice licensed under subch. IV of ch. 50

19. A rural medical center, as defined in s. 50.50 (11).

20. A home health agency, as defined in s. 50.49 (1)(a).

(2) REPORTING PROTECTED. (a) Any employe of a health care facility or of a health care provider who is aware of any information, the disclosure of which is not expressly prohibited by any state law or rule or any federal law or regulation, that would lead a reasonable person to believe any of the following may report that information to any agency, as defined in s. 111.32 (6) (a), of the state; to any professionally recognized accrediting or standard-setting body that has accredited, certified or otherwise approved the health care facility or health care provider; to any officer or director of the health care facility or health care provider; or to any employe of the health care facility or health care provider who is in a supervisory capacity or in a position to take corrective action:

1. That the health care facility or health care provider or any employe of the health care facility or health care provider has violated any state law or rule or federal law or regulation.

2. That there exists any situation in which the quality of any health care service provided by the health care facility or health care provider or by any employe of the health care facility or health care provider violates any standard established by any state law or rule or federal law or regulation or any clinical or ethical standard established by a professionally recognized accrediting or standard-setting body and poses a potential risk to public health or safety.

(b) An agency or accrediting or standard-setting body that receives a report under par. (a) shall, within 5 days after receiving the report, notify the health care facility or health provider that is the subject of the report, in writing, that a report alleging a violation specified in par. (a) 1. or 2. has been received and provide the health care facility or health care provider with a written summary of the contents of the report, unless the agency, or accrediting or standard-setting body determines that providing that notification and summary would jeopardize an ongoing investigation of a violation alleged in the report. The notification and summary may not disclose the identity of the person who made the report.

(c) Any employe of a health care facility or health care provider may initiate, participate in or testify in any action or proceeding in which a violation specified in par. (a) 1. or 2. is alleged.

(d) Any employe of a health care facility or health care provider may provide any information relating to an alleged violation specified in par. (a) 1. or 2. to any legislator or legislative committee.

(3) DISCIPLINARY ACTION PROHIBITED.

(a) No health care facility or health care provider and no employee of a health care facility or health care provider may take disciplinary action against, or threaten to take disciplinary action against, any person because the person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2) (c) or provided in good faith any information under sub. (2) (d) or because the health care facility, health care provider or employee believes that the person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2) (c) or provided in good faith any information under sub. (2)(d).

(b) No health care facility or health care provider and no employee of a health care facility or health care provider may take disciplinary action against, or threaten to take disciplinary action against, any person on whose behalf another person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2)(c) or provided in good faith any information under sub. (2) (d) or because the health care facility, health care provider or employee believes that another person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2) (c) or provided in good faith any information under sub. (2) (d) on that person's behalf.

(c) For purposes of pars. (a) and (b), an employee is not acting in good faith if the employee reports any information under sub. (2) (a) that the employee knows or should know is false or misleading, initiates, participates in or testifies in any action or proceeding under sub. (2)(c) based on information that the employee knows or should know is false or misleading or provides any information under sub. (2) (d) that the employee knows or should know is false or misleading.

(4) ENFORCEMENT. (a) Subject to par. (b), any employee of a health care facility or health care provider who is subjected to disciplinary action, or who is threatened with disciplinary action, in violation of sub. (3) may file a complaint with the department under s. 106.06 (6). If the department finds that a violation of sub. (3) has been committed, the department may take such action under s. 111.39 as will effectuate the purpose of this section.

(b) Any employee of a health care facility operated by an agency, as defined in s. 111.32(6) (a), of the state who is subjected to disciplinary action, or who is threatened with disciplinary action, in violation of sub. (3) may file a complaint with the personnel commission under s. 230.45(1) (L). If the

personnel commission finds that a violation of sub. (3) has been committed, the personnel commission may take such action under s. 111.39 as will effectuate the purpose of this section.

(c) Section 111.322 (2m) applies to a disciplinary action arising in connection with any proceeding under par. (a) or (b).

(5) CIVIL PENALTY. Any health care facility or health care provider and any employee of a health care facility or health care provider who takes disciplinary action against, or who threatens to take disciplinary action against, any person in violation of sub. (3) may be required to forfeit not more than \$1,000 for a first violation, not more than \$5,000 for a violation committed within 12 months of a previous violation and not more than \$10,000 for a violation committed within 12 months of 2 or more previous violations. The 12-month period shall be measured by using the dates of the violations that resulted in convictions.

(6) POSTING OF NOTICE. Each health care facility and health care provider shall post, in one or more conspicuous places where notices to employees are customarily posted, a notice in a form approved by the department setting forth employees' rights under this section. Any health care facility or health care provider that violates this subsection shall forfeit not more than \$100 for each offense.

SECTION 5. 230.45 (1) (L) of the statutes is created to read: 230.45 (1) (L) Receive complaints under s. 146.997(4) (a) of disciplinary action taken in violation of s. 146.997 (3) and, except as provided in sub. (1m), process the complaints in the same manner that employment discrimination complaints are processed under s. 111.39.

SECTION 6. Nonstatutory provisions.

(1) EMPLOYEE NOTIFICATION. Within 90 days after the effective date of this subsection, each health care facility, as defined in section 146.997 (1) (b) of the statutes, as created by this act, and each health care provider, as defined in section 146.997 (1) (c) of the statutes, as created by this act, shall inform its employees of their rights and remedies under this act.

SECTION 7. Initial applicability.

(1) COLLECTIVE BARGAINING AGREEMENTS. This act first applies to an employee of a health care facility, as defined in section 146.997 (1) (b) of the statutes, as created by this act, or of a health care provider, as defined in section 146.997 (1) (c) of the statutes, as created by this act, who is affected by a collective bargaining agreement that contains provisions inconsistent with this act on the day on which the collective bargaining agreement expires or is extended, modified or renewed, whichever occurs first.

Disciplines

WALGREENS MILWAUKEE WI
\$3,296.10 COSTS / \$1,000 FORFEITURES
Use of computers for physicians to transmit electronic text messages which ordered dispensing of prescriptions to patients. Prescriptions were dispensed to patients pursuant to communications transmitted and received with this system. These prescriptions do not contain original signatures of prescribers. This matter was remanded to the board following review by the Circuit Court and Court of Appeals. The respondent is reprimanded as well as paying forfeitures and costs. Case #LS9505221PHM

LAKEVIEW MEDICAL CENTER RICE LAKE WI
\$5,000 FORFEITURES / \$600 COSTS
The pharmacy received a prescription order that was approximately ten times the appropriate dose for a neonate. The patient died of a morphine overdose. Managing pharmacist indicated he was going to report this to the pharmacy board. A superior to the managing pharmacist instructed him, and implied, that it was not necessary to report the matter to the board. The managing pharmacist did report it to the board. Effective 5/17/2000. Phar 10.03(7) Case #LS0005178PHM

RICHARD M MCKINNEY RPH BURLINGTON WI REPRIMAND
\$400 COSTS / \$100 FORFEITURES
An unlicensed person transferred prescriptions to patients without consultations from a pharmacist. Effective 1/12/2000. Phar 7.01(1)(e) Case #LS0001122PHM

GREGORY A NELSON RPH BURLINGTON WI REPRIMAND
\$400 COSTS / \$100 FORFEITURES
An unlicensed person transferred prescriptions to patients without consultations from a pharmacist. Effective 1/12/2000. Phar 7.01(1)(e) Case #LS0001123PHM

STEPHEN E PAQUIN RPH OCONOMOWOC WI REPRIMAND
\$600 COSTS / \$100 FORFEITURES
Transferred prescriptions to patients without consultations. Effective 4/11/2000. Phar 7.01(1)(e) Case #LS0004112PHM

VENCARE PHARMACY SERVICES APPLETON WI SURRENDER
\$5,000 FORFEITURES / \$3,500 COSTS
A Bureau of Quality Assurance audit found that on multiple occasions the pharmacy failed to deliver

prescribed medications for multiple residents of a nursing home. Effective 6/14/2000. Sec. 450.10(1)(a)6., Stats. Phar 10.03(2) Case #LS0006141PHM

THOMAS M TRISCARI RPH HARTLAND WI
STAYED SUSPENSION/LIMITED
\$100 COSTS / \$2,000 FORFEITURES
Took controlled substances from his place of employment, without consent or medical authority, and with the intent to permanently deprive the hospital of possession. Caused to be ordered, and then removed for his own use without payment and without medical authority, controlled substances. Effective 5/17/2000. Secs. 450.10(1)(a)2.3., 943.20(1)(a), 961.41(3g), Stats. Phar 8.05(2),(3),(7), 10.03(8) Case #LS0005173PHM

WILLIAM J CLARK RPH DELAVAN WI REPRIMAND
\$300 COSTS
Dispensed prescription with directions to take 2½ tablets of Coumadin 5 mg daily per telephone order from physician's staff person. Patient had been dispensed 30 days previously #30 Coumadin 2 mg and #30 Coumadin 1 mg. Patient profile was not reviewed and the prescriber intended the order to be 2.5 mg per day. Effective 3/15/2000. Phar 7.07(4) Case #LS0003151PHM

PAUL L NELSON RPH WISCONSIN RAPIDS WI SUSPENDED
\$100 COSTS
Arrested twice for OWI. A finding of irresponsible use of alcohol was made based upon the OWI arrest. Convicted of disorderly conduct. Declined to provide treatment records to the department. Suspended for a period of not less than 5 years. Effective 3/15/2000. Secs. 450.10(1)(a)2.,3., 450.11(1),(7a),(h), 961.41(3g), Stats. Phar 8.05(2), 10.03(1),(2) Case #LS0003154PHM

ST JOSEPHS HOSPITAL PHARMACY MILWAUKEE WI
\$4,000 FORFEITURES / \$300 COSTS
Provided prescription blanks imprinted with the name and telephone number of the pharmacy to its staff physicians. No way to determine how many blanks were printed and distributed but there were at least three separate directors of pharmacy employed during that time. Effective 4/11/2000. Phar 10.02(15) Case #LS0004113PHM

CELLETECH LTD**MADISON WI****SURRENDER**

Manufactured products represented and labeled as homeopathic preparations. Products labeled as homeopathic drug products or preparations were produced by a device called "Rae Potency Simulator" which is not listed in the Homeopathic Pharmacopoeia of the United States. Engaged in activities of manufacturing preparations labeled as drugs and drug products without a license by the board. Agreed to discontinue labeling of any product as a "drug," and to surrender its right to renew its manufacturing license. Effective 6/14/2000. Sec. 450.07(1), 450.10(1)(a)2. Case #LS9907221PHM

ROBERT A STEIB RPH**NEW BERLIN WI****REPRIMAND****\$450 COSTS / \$500 FORFEITURES**

Dispensed a name brand of a medication but labeled the bottle incorrectly because he believed that the two were substantially equivalent. He did not inform the patient. The patient had the prescription refilled and noticed the medication looked different than the previous medication. Stated he followed the recommendation of his pharmacy computer program. Effective 4/11/2000. Secs. 450.10(1)(a)5.,6., 450.13(1),(3), Stats. Phar 7.01(1)(e), 7.02 Case #LS0004114PHM

ROWE WHITE CROSS PHARMACY**HURLEY WI****REPRIMAND****\$350 COSTS / \$500 FORFEITURES**

Dispensed controlled substances to a dental clinic which were not for any specific patients and were listed as having been dispensed on the pharmacy's computerized prescription profile. Respondent was not aware that it was illegal to use a prescription order to obtain controlled substances for a facility or prescriber for the purpose of general dispensing to patients. Effective 5/17/2000. Phar 8.04(2) Case #LS0005175PHM

DONN A ROWE RPH**MONTREAL WI****REPRIMAND****#350 COSTS / \$500 FORFEITURES**

Dispensed controlled substances to a dental clinic which were not for any specific patients and were listed as having been dispensed on the pharmacy's computerized prescription profile. Respondent was not aware that it was illegal to use a prescription order to obtain controlled substances for a facility or prescriber for the purpose of general dispensing to patients. Effective 5/17/2000. Phar 8.04(2) Case #LS0005175PHM

CHRISTINE ANN THOMAS RPH**MONTREAL WI****REPRIMAND**

Dispensed controlled substances to a dental clinic which were not for any specific patients and were listed as having been dispensed on the pharmacy's computerized prescription profile. Respondent was not aware that it was illegal to use a prescription order to obtain controlled substances for a facility or prescriber for the purpose of general dispensing to patients. Effective 5/17/2000. Phar 8.04(2) Case #LS0005172PHM

JAMES J KUNZ RPH**CRYSTAL FALLS MI****REPRIMAND****\$150 COSTS**

Dispensed wrong prescriptions to two patients who had similar names. Did not have original prescription orders to support the dispensing. The Michigan board reprimanded him for this same conduct. Effective 3/15/2000. Phar 10.03(2),(17), 7.05(1). Case #LS0003153PHM

THE COPPS PHARMACY #119**EAU CLAIRE WI****\$300 COSTS / \$250 FORFEITURES**

Unlicensed person transferred a prescription to a patient without consultation from a pharmacist. Effective 4/11/2000. Sec. 450.09(2), Stats. Phar 7.01(1)(e) and (em) Case #LS0004111PHM

JAY P JANKE RPH**MINERAL POINT WI****REPRIMAND****\$200 COSTS / \$250 FORFEITURES**

Unlicensed persons transferring prescriptions to patients. Effective 3/15/2000. Phar 7.01(1)(3em). Case #LS0003152PHM

Telephone Directory

Automated phone system for the Health Professions:
(608) 266-2811

- Press 1 To Request an Application
 - Press 2 Status of a Pending Application
 - Press 3 Verification of Credential Holder
 - Press 4 Name and Address Changes
 - To Request the Wisconsin Statutes and Administrative Codebook
 - Complaint Against a Credential Holder
 - Renewal of a Credential
 - Legal Questions
 - Press 5 To repeat this menu or if you are calling from a rotary telephone, stay on the line and your call will be answered in the order received.
- FAX: (608) 261-7083

Department of Regulation and Licensing
Pharmacy Examining Board
P.O. Box 8935,
Madison, WI 53708-8935

RETURN SERVICE REQUESTED

REGULATORY DIGEST

Bulk Rate
U.S. Postage
Paid
Madison, WI
Permit No. 1369

Verifications On-Line

On-Line verifications are now available from the Department of Regulation and Licensing. They are JACCO approved and you are able to print directly from our website. Please visit our site at: <http://www.drl.state.wi.us/> and click on the "Credential Holder Query" button.

You may also request verification of a license in writing. There is no charge for this service. Requests should be sent to the Department address or may be faxed to (608) 261-7083, Attention Verifications.

Endorsements

Requests for endorsements to other states must be in writing. The cost is \$10. Please make check or money order payable to the Department of Regulation and Licensing.

Digest on Web Site

March 1998, Sept. 1998, April 1999, Sept. 1999

Visit the Department's Web Site

<http://www.drl.state.wi.us/>

Send comments to dorl@drl.state.wi.us

2000 Board Meeting Dates

November 8, December 12

Wisconsin Statutes and Code

Copies of the Pharmacy Examining Board Statutes and Administrative Code can be ordered from the

Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest edition is dated April, 2000.

Change of Name or Address?

Please photocopy the mailing label of this digest, make changes in name or address, and return it to the Department. Confirmation of changes are not automatically provided.

WIS. STATS. S. 440.11 ALLOWS FOR A \$50 PENALTY TO BE IMPOSED WHEN CHANGES ARE NOT REPORTED WITHIN 30 DAYS.

Subscription Service

Bi-annual digest subscriptions are published for all credentials in the Department at a cost of \$2.11 each per year. CREDENTIAL HOLDERS RECEIVE THEIR REGULATORY DIGEST FREE OF CHARGE. Others may send the fee and this form to the address listed above.

Subscription Service Order Form

Name

Company/Organization

Street Address/P.O. Box

City/State/Zip + 4

County

Digest(s) desired:

\\WIS_DRL_01\DATA2GB\GROUPS\WORDPROC\DIGEST\Phar1100.doc